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## Letter dated 16 April 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 March to 1 April 2015, the 180-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 13 March 2015 (A/69/812).

### Current situation of the Ebola outbreak

2. As at 31 March 2015, a total of 25,449 confirmed, probable and suspected cases of Ebola had been reported in three currently affected countries (Guinea, Liberia and Sierra Leone) and in six previously affected countries (Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 10,498 confirmed, probable and suspected deaths have been reported.

3. In Guinea, Liberia and Sierra Leone, there was a marked decline in the weekly confirmed case incidence, from almost 500 cases per week in December to fewer than 100 cases per week by late January. Since then, incidence has fluctuated between 70 and 160 cases per week in the region. In March, the weekly case incidence in Guinea fluctuated between 45 and 95 cases with no discernible trend; however, the incidence in Sierra Leone has steadily declined since late February, from 81 to 25 cases reported in the week ending 29 March.

4. The geographical area of active transmission has also narrowed significantly since January 2015. Whereas 27 districts reported at least one confirmed case in January, 16 districts reported a case in March, with almost all transmission now taking place in a coastal arc in and around Conakry and Freetown. In March, the western préfectures of Conakry, Coyah and Forécariah accounted for 89 per cent of confirmed cases in Guinea. Siguiri, a préfecture in northeastern Guinea reported two

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confirmed cases on 26 March after not having reported a case for nearly two months. In Sierra Leone, Freetown and the nearby districts of Bombali, Kambia, Port Loko and Western Rural accounted for 98 per cent of all confirmed cases in March. Seven of 14 districts have not reported a confirmed case in the past 21 days.

5. The epicentre of the initial outbreak, in the tri-border area around the Guinean préfecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has now been Ebola-free for over 90 days. In addition, it has been more than 21 days since the last confirmed case from the Guinea Forestière region, which includes the préfectures of Guéckédou, Macenta, N'Zérékoré and Lola. Further restricting the geographical area of transmission to more easily accessible areas will be particularly important as the rainy season approaches.

6. One confirmed Ebola case was reported on 20 March in Montserrado County, Liberia. Before that confirmed case, Liberia had experienced 28 consecutive days without reporting a single case. The case is currently being investigated for the possibility of sexual transmission. This highlights the importance of continued vigilance and strengthened surveillance, even in districts that have not recently reported cases.

**Progress towards ending transmission**

*Overall assessment*

7. The recent decline in case incidence and contraction of the geographical area of transmission give grounds for continued optimism that the outbreak is on its way to being brought under control, although there will be many challenges before it comes to a definitive end. Although transmission is currently confined to a relatively narrow geographic corridor, the populations in and around the affected areas of Conakry and Freetown are highly mobile. Therefore, there is a strong focus on enhancing community detection and alert systems through active surveillance in all districts throughout the three affected countries, including Ebola-free districts. The World Health Organization (WHO) Integrated Disease Surveillance and Response system is being used as a framework to improve existing systems and will enable the investigation and testing of suspected Ebola cases at the county, district and préfecture levels.

8. In addition, all three countries have taken steps to reinforce cross-border collaboration in compliance with the International Health Regulations. A memorandum of understanding between Guinea and Sierra Leone has been drafted with the intention of fostering closer collaboration between Kambia and Forécariah and strengthening joint cross-border activities such as surveillance, contact tracing and social mobilization.

*Progress towards meeting key targets and related challenges*

9. In the context of declining case incidence and a shrinking area of transmission in Liberia and Sierra Leone, WHO, in coordination with relevant Government ministries and partners, has started to plan for the safe decommissioning of surplus Ebola treatment units. Each country will retain a core capacity of high-quality strategically located Ebola treatment units to ensure complete geographic coverage, with additional rapid response capacity held in reserve. No facilities will be closed until a nearby district health-care facility can safely assume responsibility for triage

and isolation or referral. Given the more precarious epidemiological situation in Guinea, the decommissioning of Ebola treatment units has not yet commenced. Two Ebola treatment units opened on 1 March in Kindia and Beyla préfectures in Guinea. In March, 13 health-care workers were infected with Ebola in Guinea and 8 in Sierra Leone.

10. In Sierra Leone, the United Nations Children's Fund (UNICEF) and partners have also begun to work with communities to scale down bed capacities and decommission a small number of community care centres in low-risk areas. However, the majority of community care centres will continue to operate and support affected communities. There continues to be sufficient capacity at the national level to conduct safe burials, with 74 burial teams active in Guinea, 80 in Liberia and 129 in Sierra Leone.

11. Rigorous case investigation and contact tracing are crucial to further curb the spread of Ebola and ensure that new cases stem only from registered contacts. In March, 96 per cent of registered contacts, with an average of 2,383 contacts under follow-up, were traced daily. Following the confirmation of a single case in Liberia in March, 185 contacts are currently under follow-up. In Sierra Leone, over the same period, 98 per cent of registered contacts, with an average of 7,143 contacts under follow-up, were traced daily. During March, the average number of newly registered contacts per confirmed case was 20 in Guinea, 185 in Liberia and 15 in Sierra Leone.

12. The percentage of new confirmed and probable cases arising from registered contacts in Guinea was 43 per cent on average in March. In Sierra Leone, an average of 69 per cent of new confirmed and probable cases originated from registered contacts. However, in both countries, there is considerable regional variation in the figures.

13. Currently, the number of laboratories in all three countries represents sufficient clinical capacity. Between 1 and 31 March, the number of operational laboratories, coordinated by WHO, increased from 7 to 9 in Guinea, while the number remained constant at 5 in Liberia and 13 in Sierra Leone. During March, 1,764 samples were tested in Guinea, 421 (24 per cent) of which tested positive for Ebola. By comparison, 6,452 samples were tested in Sierra Leone, 172 (3 per cent) of which tested positive. Of the 1,045 samples tested in Liberia, 1 tested positive for Ebola. Over the reporting period, more than 99 per cent of samples from suspected and probable cases in Guinea, 86 to 91 per cent in Liberia and 87 to 90 per cent in Sierra Leone were tested within one day of collection.

14. Effective community engagement remains a challenge in several geographical areas, particularly in Guinea and Sierra Leone. The number of security incidents in Guinea decreased slightly, but 7 out of 34 préfectures reported at least one security incident or other form of refusal to cooperate in March. Six of the seven préfectures (Boffa, Conakry, Coyah, Dubreka, Forécariah and Kindia) that reported a confirmed Ebola case in the four weeks up to 29 March also reported at least one incident of resistance. Low levels of reported and perceived community resistance and hostility towards survivors and orphans persist in Liberia and Sierra Leone, with at least one security incident reported during the month of March in Sierra Leone. Recent anthropological assessments facilitated by WHO have provided important insights into the root causes of resistance, allowing for more targeted community

engagement and greater community access. This has led to the identification of some cases that would not otherwise have been detected.

15. Despite sufficient capacity to conduct safe burials at the national level, unsafe burials continue to be reported. In Guinea and Sierra Leone, 77 and 4 unsafe burials were reported, respectively, in March. A total of 32 and 69 new confirmed cases were identified in Guinea and Sierra Leone, respectively, in March following post-mortem testing of individuals who had died in the community. While that represents a decrease from February, it nonetheless indicates that a significant number of individuals continue to be either unable or unwilling to seek diagnosis and treatment. Of the 161 Ebola-positive deaths reported in Guinea during March, 69 occurred in the community. By contrast, a smaller proportion, 32 of 253 Ebola-positive deaths, occurred in the community in Sierra Leone.

**Update on the operational activities carried out by the United Nations system through the United Nations Mission for Ebola Emergency Response and its partners**

16. The global Ebola response continues to galvanize partners to assist the national Governments of Guinea, Liberia and Sierra Leone in their efforts to reach a resilient zero Ebola transmission. The two German Air Force C160s donated to the UNMEER response ended their Accra-based cargo transport services on 31 March; this airlift capacity has transported a total of 736 metric tons of relief supplies since October. The Air Coordination Cell in Copenhagen also ended its coordination and oversight services at the end of February.

17. The International Federation of Red Cross and Red Crescent Societies continued to work with national Red Cross Societies as the lead partner in safe and dignified burials in Guinea, Liberia and Sierra Leone. The Guinean Red Cross launched a sensitization campaign "*Des mots contre Ebola*" ("Words against Ebola") to sustain awareness efforts. The Sierra Leonean Red Cross carried out an average of 450 safe and dignified burials per week in all districts. In Liberia, the International Federation of Red Cross and Red Crescent Societies and the Liberian Red Cross carried out 125 safe and dignified burials and disinfected 58 households in March. Despite zero cases in Liberia, safe and dignified burials of unconfirmed cases are carried out irrespective of final diagnosis to ensure that safe protocols are always followed, even when laboratory tests later demonstrate a negative Ebola result.

18. As a result of gains made in Liberia, the International Federation of Red Cross and Red Crescent Societies and Liberian Red Cross initiated discussions with the Ministry of Health and Social Welfare on scaling down Red Cross engagement in safe and dignified burial activities, while maintaining the capacity to sustain response efforts.

19. Médecins Sans Frontières continues to actively respond to the Ebola epidemic in Guinea, Liberia and Sierra Leone, with more than 4,500 staff working in the region. In the past year, the organization has opened 15 Ebola management and transit centres, 5 of which are currently operational, and the sixth, "ELWA 3" in Liberia, is being handed over to the Ministry of Health and Social Welfare. Médecins Sans Frontières teams continue to conduct surveillance, contact tracing and social mobilization activities. Since the onset of the outbreak, more than 8,000 patients have been admitted to the organization's Ebola management centres, with nearly 5,000 confirmed positive for Ebola.

*United Nations system*

20. Over the reporting period, UNMEER and United Nations agencies, funds and programmes, as well as the United Nations Mission in Liberia (UNMIL), intensified their efforts in support of government response institutions and relevant line ministries, with a dual focus on accelerating response interventions while concurrently installing the systems, measures and infrastructure to support the sustainability of national response efforts moving forward.

21. In Guinea, UNMEER and partners supported the National Ebola Response Cell by undertaking follow-up field missions and strengthening coordination activities, such as the establishment of an Ebola response task force for Conakry, in identified priority areas, including the préfectures of Conakry, Forécariah, Faranah and Mamou. UNMEER and the National Ebola Response Cell implemented a new deployment plan for the 25 field crisis managers and information management officers aligned with the areas where cases are currently concentrated. UNMEER and partners also provided support to local authorities to establish an operations centre in Forécariah to coordinate response efforts in order to provide real-time responses and integrated implementation of the lines of action.

22. In view of community resistance in Guinea, UNMEER facilitated a Government-led eight-day campaign "*Ebola ça suffit*" (Enough Ebola) funded by the Ebola Response Multi-Partner Trust Fund to reinforce social mobilization efforts, enhance community participation and reduce stigmatization of Ebola survivors. UNMEER, in collaboration with the United Nations Office for West Africa (UNOWA), facilitated a stakeholders' forum bringing together political and religious leaders, media, syndicate representatives and civil society actors who declared their collective commitment to the fight against Ebola as a national priority.

23. To facilitate enhanced integration of community engagement with contact tracing, UNMEER is distributing 832 cell phones to support contact tracing and mobile data-collection activities undertaken by community watch committees in priority areas. In addition, four ambulances were donated to the National Ebola Response Cell and one to the Guinean Red Cross to enable the rapid transfer of Ebola cases to Ebola treatment units. UNMEER made available 74 donated motorbikes to facilitate contact tracing. UNMEER and the United Nations Humanitarian Air Service also transported a laboratory from Kerouane to Forécariah for the French Red Cross.

24. In Liberia, UNMEER continued to support nationally led efforts to consolidate response gains by maintaining capacity and assisting local authorities to establish systems to ensure robust vigilance. UNMEER is supporting community initiatives that will expand the implementation of the lines of actions in an integrated manner to include support to essential services. With funding support from the Ebola Response Multi-Partner Trust Fund, UNMEER approved 67 community-based projects of up to $5,000 each, for a total of $270,488.13, for implementation in Montserrado County. Twenty community-based projects will directly enable the efforts of the county health teams to conduct various Ebola mitigation and prevention activities, including cross-border surveillance and the rehabilitation of health-care facilities and schools.

25. UNMEER is implementing a transition road map, which outlines priority tasks, milestones and timelines for its handover to national and United Nations country team partners. As it implements its transition, UNMEER continues to recalibrate its approach to the situation on the ground. The Office for the Coordination of Humanitarian Affairs of the Secretariat will provide liaison support among UNMEER, the Resident Coordinator and key Ebola responders, as well as humanitarian clusters, in the handover. The efforts by UNMEER to support the restoration of essential services are being integrated into the Resident Coordinator's office, with the Resident Coordinator officially assuming the coordination of Ebola response efforts by 30 April. A residual UNMEER strength will be maintained for liquidation and handover functions until 31 May.

26. In Sierra Leone, UNMEER, in partnership with the National Ebola Response Centre and other response partners, has developed a rapid response surge fund, with funding from the Ebola Response Multi-Partner Trust Fund, to establish a rapid response stabilization team to assist the National Ebola Response Centre in responding to Ebola flare-ups. An initial allocation of $500,000 was made available to support this initiative, which responds to a critical gap in the "getting to zero" strategy and has already been instrumental in supporting National and District Ebola Response Centre efforts in Port Loko, Kambia and Kono. To strengthen the National Ebola Response Centre, UNMEER provided funding to augment its staffing levels through 31 May. UNMEER also provided support to government response efforts in the districts by funding 27 community-based projects totalling $624,167, with support from the Ebola Response Multi-Partner Trust Fund.

27. In support of Sierra Leone's three-day "stay at home" campaign from 27 to 29 March, UNMEER, in collaboration with the World Bank and UNICEF, provided funding support to the National Ebola Response Centre to assist in the facilitation of the campaign, which included house-to-house interventions for active case finding. During the campaign, partners collaborated to ensure that the basic needs of identified vulnerable groups (street children, disabled persons and the urban poor) were met. Together with the Ministry of Social Welfare, Gender and Children's Affairs, the World Food Programme (WFP) provided food and logistics support for community kitchens to reach street children and the disabled, while a distribution mechanism was established in informal settlements in the capital.

28. Additionally, UNMEER and partners are supporting the efforts of district Ebola response centres and district health management teams through funding for quarantine team operations to ensure follow-up on all potential cases.

29. Meanwhile, to enable front-line responders, UNMEER has donated 44 vehicles to the National Ebola Response Centre and one to the Ebola Treatment Unit of the Italian non-governmental organization Emergency. An additional 55 vehicles are being processed for donation, of which 40 will be donated to the National Ebola Response Centre and 15 to the operation "African Union Support to the Ebola Outbreak in West Africa". In addition, a number of vehicles have been loaned to support the response efforts of non-governmental partners, including six to International Medical Corps, seven to Partners in Health, three to the Sustainable Nutrition and Agriculture Promotion programme of the United States Agency for International Development, three to eHealth and eight to GOAL.

30. In Mali, UNMEER transitioned its responsibilities to government and United Nations agency, fund and programme partners. Following the official end of the

Ebola outbreak on 18 January, UNMEER officially closed its office in Mali on 31 March and handed over renovated and fully equipped office facilities to the Government.

31. In March, WHO had 782 staff deployed in 70 locations across the three affected countries and Mali. As at 24 March, there had been more than 2,000 deployments through WHO across Guinea, Liberia, Mali, Nigeria and Sierra Leone. Approximately 300 of those deployed are epidemiologists, who continue to oversee the strengthening of case investigation and surveillance activities. In response to the requests of the national Governments, approximately 47 per cent of WHO staff are deployed in Guinea, 21 per cent in Liberia and 27 per cent in Sierra Leone. WHO intends to sustain this presence beyond the end of the outbreak to ensure sufficient surveillance capacity.

32. Through WHO, the Global Outbreak Alert and Response Network has continued to provide international technical assistance for nationally led response efforts in Guinea, Liberia and Sierra Leone. WHO has mobilized 530 Network experts since the initial deployments in March 2014. Network experts and teams are providing support for critical response functions, including surveillance, contact tracing, infection prevention and control, laboratory diagnosis and coordination, and case management. At the end of March, WHO deployed 81 experts from the Network in the field, including 45 in Guinea, 7 in Liberia and 29 in Sierra Leone.

33. In late March, WHO and Global Outbreak Alert and Response Network partners held an operational workshop in Conakry to review the deployment and coordination of WHO and Network support in key préfectures and proposed recommendations to address technical and operational priorities, strengthen WHO support and coordination activities and identify additional entry points. The workshop also presented the development of a WHO/Global Outbreak Alert and Response Network contact tracing support tool.

34. WHO continues to coordinate all 56 deployed foreign medical teams and to provide technical assistance. WHO provided technical support to countries with regard to the decontamination and decommissioning of Ebola treatment units, including through the development of a guidance document. In response to requests from affected countries, representatives of WHO, ministries of health and key technical partners met in Freetown in March to finalize guidance to the countries. Simultaneously, a WHO team of decommissioning and foreign medical team operations experts and water, sanitation and hygiene engineers commenced onsite support to national authorities in Liberia and Sierra Leone to facilitate country plans for the safe decommissioning of surplus Ebola treatment units.

35. On 17 March, WHO and the Liberian Ministry of Health and Social Welfare launched a five-day train-the-trainers course for the new Ebola training package, designed to empower Liberia's 10,000 facility-based health-care workers to remain safe while providing quality health care.

36. The Office for the Coordination of Humanitarian Affairs continued to provide operational support to emergency Ebola response efforts. In the second phase of the immediate response, the Office will continue to play a key role through the transition and has deployed additional staff to reinforce its new country offices in Guinea, Liberia and Sierra Leone. Their primary function will be to support and strengthen the current coordination architecture and help to identify and address

immediate needs generated by the Ebola outbreak. The Office will also support the seamless handover of UNMEER responsibilities to United Nations country teams, under the leadership of the Resident Coordinators, and the gradual transition from the immediate response to recovery.

37. In Sierra Leone, UNMEER is elaborating a transition plan with the aim of outlining a coordinated transfer of functions to the Resident Coordinator and United Nations agency, fund and programme partners, including the Office for the Coordination of Humanitarian Affairs, and strengthening national capacities in preparation for a full transition by 31 July 2015. The Office has provided expert advice and input to a 60-day "getting to zero" operational plan jointly led by the National Ebola Response Centre and UNMEER.

38. In Guinea, the Office for the Coordination of Humanitarian Affairs reopened its office on 3 March, which is co-located with UNMEER. The Office plans to augment its team to support field coordination and information management both for the immediate Ebola response and to respond to attendant urgent sectoral needs. In the short term, the Office will provide support to UNMEER and the United Nations country team. It has also assumed the management and secretariat support functions for the Emergency Ebola Response Team, which is jointly chaired by UNMEER and the Resident Coordinator, and is resuming inter-sector coordination for cluster groups in Guinea and updating information management tools and information-sharing platforms for response actors.

39. With the reopening of Liberia's borders, UNMEER, WHO, the Centers for Disease Control and Prevention and the International Organization for Migration (IOM) are working with the Government to enhance the capacity of its border personnel, preposition key resources along checkpoints and engage with communities to encourage monitoring.

40. In Liberia, IOM has supported the Grand Cape Mount Task Force to prevent county cross-border transmission. IOM provided training to county border authorities on infection prevention and control measures, with a focus on key cross-county checkpoints and markets in several counties. The IOM Ebola treatment unit teams in Bomi and Grand Bassa Counties have been assisting the county health teams in providing community health-care services through mobile clinics in remote areas.

41. In Sierra Leone, IOM continues to work with implementation partners on the distribution of emergency care kits and related training in Western Area, Port Loko and Bombali districts. IOM implementation partners are rolling out their social mobilization activities in Kono and Bombali districts.

42. The United Nations Population Fund (UNFPA) continued to support case searching in Liberia and provided training to 769 contact tracers using the national standard operation procedures. In Sierra Leone, UNFPA and the Ministry of Health and Sanitation jointly trained 4,956 contact tracers. In Guinea, UNFPA works with 518 contact tracers. UNFPA has established a partnership with Columbia University to roll out "CommCare", an enhanced version of contact tracing that utilizes smartphones with Global Positioning System (GPS) tracking to report the location of contacts in real time and with geographical precision. This approach is being piloted in the five communes of Conakry and in the préfectures of Dubreka and Coyah, with 158 contact tracers. UNFPA also works with 132 village committees,

comprised of 804 members, in seven préfectures in Guinea to support social mobilization activities.

43. WFP is supporting the WHO-led district-by-district approach through the WHO-WFP Joint Collaboration Initiative, whereby WHO is leveraging WFP support, field presence and subnational logistics infrastructure to launch operations across 60 remote field locations, including 18 priority districts across the region. In Liberia, WFP is assisting the Ministry of Health and Social Welfare with the prepositioning of personal protective equipment at health-care facilities throughout the country. In Sierra Leone, to prepare for the potential medical evacuation of Ebola symptomatic patients, WFP has been facilitating the transportation of Ebola bio-bag medical isolation units, prepositioned in Freetown.

44. WFP is providing support to the supply, packing, kitting and dispatch of essential items for the Ebola response. The United Nations Humanitarian Response Depot in Accra continues to assemble and dispatch personal protective equipment kits on behalf of WHO throughout the three affected countries as a key preparedness measure and to support responders in the demobilization of equipment. Additionally, WFP is adapting its operational priorities in line with the UNMEER transition plan, including by assuming part of the UNMEER air transport services. The United Nations Humanitarian Air Service will incorporate more assets into its fleet in April 2015, replacing the UNMEER services once the latter's helicopters are decommissioned. In March 2015, the United Nations Humanitarian Air Service and UNMEER jointly flew 3,233 passengers. Since August 2014, the Air Service has transported over 10,000 passengers across the region, and UNMEER has transported over 9,500 passengers since October 2014. WFP will also absorb part of the UNMEER information, communications and technology services, ensuring that connectivity is maintained at 19 main logistics bases and forward logistics bases across the affected countries. The current emergency telecommunications cluster is providing Internet access in over 60 locations to more than 2,000 users.

45. UNICEF continues to work with partners to support communities with active surveillance and community care centre referrals. In March, social mobilizers had referred nearly 100 per cent of cases in community care centres in Kambia district of Sierra Leone. In response to the single confirmed Ebola case in Caldwell district of Monrovia, UNICEF deployed 20 additional general community health-care workers to conduct a mop-up campaign in the neighbouring communities.

46. In Guinea, social mobilizers continue to reach around 12,000 individuals per week through household and school visits. UNICEF has organized 36 community forums in areas that were resistant to the response and has also established functional partner platforms in hotspot areas, supporting the strengthening of control measures at strategic border checkpoints. Accessing remote communities in Guinea remains a challenge, making radios indispensable in efforts to reach those communities. During the reporting period, UNICEF provided support and equipment to the rehabilitation of local radio stations in Forécariah, Lola and Yomou.

47. The Office of the United Nations High Commissioner for Human Rights (OHCHR) monitored judiciary proceedings following security incidents related to Ebola. In Boffa, the tribunal sentenced 7 suspects for up to six months and acquitted 39 after an attack on UNICEF. The trial of suspects in the Womey (Nzérekoré)

incident, during which eight officials were killed while on a sensitization mission, was due to start in March.

48. In Sierra Leone, OHCHR worked with the National Ebola Response Centre prior to the "stay at home" awareness campaign to ensure the safe and unhindered movement of national human rights monitors. By wearing visible and identifiable non-governmental organization logos and having a dedicated National Ebola Response Centre helpline number to use in the event of being stopped, the Human Rights Commission of Sierra Leone and human rights monitors were able to move freely.

49. Under the Payment Programme for Ebola Response Workers, the United Nations Development Programme (UNDP), with funding from the Ebola Response Multi-Partner Trust Fund, worked with partners to support the registration of 95 to 100 per cent (approximately 38,000) of Ebola response workers across the three affected countries. More than 90 per cent of registered Ebola response workers are being paid on time. In Guinea, UNDP supported the harmonization of payment policies to facilitate payments to 7,000 Ebola response workers. Since December 2014, UNDP Guinea has managed the direct payment of incentives to over 1,400 Ebola response workers from three international non-governmental organizations. In a pilot test, UNDP created individual bank accounts for Ebola response worker beneficiaries for one non-governmental organization, into which payments were made. In view of its success, the scheme will be expanded to include other Ebola response worker beneficiaries.

50. Taking note of the evolving nature of the epidemic and the beginning of transition and recovery planning across all three countries, UNDP convened a workshop with partners in Dakar from 3 to 5 March that sought to document progress on the payments programme. Participants underscored that the Payment Programme for Ebola Response Workers should continue where necessary to ensure that workers are paid as required to stop Ebola transmission. It was advised that successor programmes, particularly in public health strengthening and epidemic monitoring, make use of human capacity and systems developed in the Payment Programme for Ebola Response Workers.

51. As part of the $518 million committed by the World Bank Group to Guinea, Liberia and Sierra Leone over the past six months, the Group disbursed around $28 million in March to support the Governments of the three countries in strengthening their national responses. The Governments have used the resources in part to finance bilateral contracts with a number of their implementing partners, including UNICEF, WHO, UNFPA, the United Nations Office for Project Services and WFP.

52. In Guinea and Sierra Leone, World Bank Group-financed support has enabled the procurement of supplies through UNICEF, including nutritional and therapeutic commodities for Ebola treatment units, infection prevention and control kits, vehicles to support contact tracing and social mobilization, water, sanitation and hygiene kits and nationwide social mobilization campaigns; technical assistance through WHO; and the procurement of over 6,500 metric tons of cereals for beneficiaries in affected areas through WFP. World Bank Group funding has also helped to support the expansion of UNFPA contact tracing and monitoring activities. In Liberia, the World Bank Group's support has financed the procurement of

laboratory equipment, medical supplies through WHO and the procurement of over 4,000 metric tons of food supplies through WFP.

53. The World Bank Group also began to provide support to the rebuilding of non-health-related essential services in the three countries, including through targeted cash transfer systems for impoverished and Ebola-affected households, seed supplies for farmers, supplies of secondary education materials and psychosocial support for Ebola survivors. In a concerted push to revive agriculture and avert hunger in Ebola-stricken countries, the World Bank Group has mobilized up to $15 million in emergency financing to provide a record 10,500 tons of maize and rice seed to more than 200,000 farmers ahead of the April planting season.

**Activities of the Special Envoy on Ebola**

54. My Special Envoy has continued to provide strategic leadership and guidance to the responder community, including through weekly meetings of the Global Ebola Response Coalition. Within the Coalition, maximizing the contributions of all stakeholders, including the private sector through the participation of the Ebola Private Sector Mobilization Group, to the shared objective of eliminating the outbreak has been a particular focus. To support resource mobilization and advocacy efforts, my Special Envoy travelled to several capitals to meet with key response stakeholders.

55. During the month of March, the Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy, received deposits totalling $2.04 million, bringing total deposits in the Fund to $138.9 million. Of that amount, $123.21 million has been disbursed to nine United Nations entities, including the International Civil Aviation Organization (ICAO), UNDP, UNFPA, UNICEF, UNMEER, the United Nations Office for Project Services, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WFP and WHO. The Fund has allocated funding for district surveillance (UNDP, UNFPA and WHO), logistics and transport (WFP), community care centres (UNICEF), social mobilization (UNICEF and WHO), strengthening of the Payment Programme for Ebola Response Workers (UNDP), strengthening of national response capacities (UNMEER and the United Nations Office for Project Services), airport preparedness and technical assistance training (ICAO), support to the Mano River Union confidence-building units (Mano River Union, UNDP) and payment and capacity development in respect of Ebola survivors (UNDP and UN-Women).

**Building resilience and supporting recovery**

*Ebola recovery assessment*

56. The European Union high-level conference on the theme "Ebola: From emergency to recovery", which was held on 3 March in Brussels, was co-chaired by the Presidents of Guinea, Liberia, Sierra Leone and Togo, the African Union and the United Nations. I was represented by my UNDP Administrator, with my Special Envoy providing technical expertise. The conference was designed to arrive at a common strategy to end the Ebola epidemic and to address post-Ebola recovery needs. In the final statement of the conference, all parties in the Ebola response reaffirm their commitment to the comprehensive strategy for "getting to and staying at zero", with a key outcome being the agreement to develop a regional approach to recovery. Following on from the conference, in mid-March, the Mano River Union

and the Governments of Guinea, Liberia, and Sierra Leone worked together to develop the Mano River Union's subregional Ebola recovery strategy and the framework for the establishment and management of a regional Ebola recovery fund. In the meantime, work has also continued on their own national recovery strategies.

57. The early recovery assessment partners will continue to support the Mano River Union and affected countries, including in strengthening the regional strategy, which will be presented during the World Bank Group spring meetings, from 17 to 19 April. Support is being offered to facilitate the costing of the Mano River Union's regional recovery strategy. Other follow-up support actions will be determined following the World Bank Group meetings, with the broader objective of helping the countries and the region to present coherent, complementary and fully costed recovery strategies as a basis for strengthening partnerships with international partners in the recovery effort.

*Non-Ebola health care*

58. WHO has worked with each affected country to strengthen its infection prevention and control measures at the national and subnational levels. As a result, the first infection prevention and control national guidelines for Sierra Leone are being finalized for release in April. In Guinea and Liberia, WHO is providing support to health-care facilities on appropriate structures, processes and guidelines for performance improvement in infection prevention and control. Ongoing assessments by WHO and its partners of non-Ebola health-care facilities have highlighted gaps of concern in safety practices. For example, in Montserrado, Liberia, of 113 private and public non-Ebola health-care facilities assessed for infection prevention and control standards, only 45 per cent met the minimum standards. Since December 2014, 53 Ebola health-care facilities in Sierra Leone have undergone infection prevention and control assessments, 57 per cent of which met minimum standards. WHO is also working with donor partners to establish active surveillance capacities that will be fully integrated into the national Integrated Disease Surveillance and Response system.

59. WHO is supporting the three affected countries to develop robust national recovery plans aimed at building resilient health-care systems. WHO is also helping the three countries to prepare an analysis of the health workforce situation against projected health needs and their cost implications to inform national investment plans. In Liberia, WHO supported the Ministry of Health and Social Welfare with an analysis that makes the case for bringing 41 per cent of the public sector health workforce who are not on the payroll onto the government payroll through an emergency hiring and management plan.

60. Towards the restoration of essential health-care services, WHO is currently developing an integrated approach to reactivate health-care services in each of the affected countries, with a specific focus on immunizations, malarial prevention and treatment, infant and children's health, reproductive health and ensuring that health-care systems are resilient in the face of future health threats. Guidance for immunization programmes in West Africa in the context of Ebola has also been issued, which includes plans for catch-up vaccination campaigns to deal with the immunization delivery shortfall during the peak of the Ebola outbreak.

61. The measles outbreak in Boké region, Guinea, is a visible manifestation of the challenges facing non-Ebola health care. Following that outbreak, UNICEF and partners undertook an immunization campaign to ensure coverage and access to remote areas, which has since been expanded nationwide. Similar measles immunization activities are being planned in Sierra Leone and in Liberia, in addition to targeted community engagement strategies to address community resistance. In Liberia, reported suspected cases of whooping cough in Maryland County are currently being assessed.

62. The World Bank Group is supporting the rebuilding of essential health-care services, in line with national recovery plans, through facility upgrades, equipment and supplies for obstetric and other care, immunization campaigns, infection prevention and control, clinical training, outreach and referral transport. Financial support is also being channelled to Sierra Leone for the development of a national health-care system rebuilding plan.

63. In Liberia and Sierra Leone, UNFPA is supporting the strengthening of the reproductive health commodity supply chain, contributing to strengthening maternal health-care service delivery, revamping emergency obstetric and neonatal care services and increasing access to family planning and reproductive health-care services. In Liberia, clinical assistance delivery kits were procured and delivered to facilities serving upwards of 150,000 pregnant women. In Sierra Leone, UNFPA has engaged the First Lady in advocacy efforts to rebuild the trust of women and girls to utilize health-care facilities. In Guinea, UNFPA supported the recruitment and deployment of 50 midwives to the districts.

*Protection*

64. OHCHR continued to sensitize communities on the rights of Ebola survivors and to address survivors' stigma and discrimination. In addition, the protection cluster worked towards strengthening the transparency and accountability of social protection programmes for affected populations. The cluster facilitated broad and inclusive discussions on human rights and quarantine during the reporting period.

65. Across each of the three affected countries, a systematic verification exercise linked to the provision of the nationally agreed package of services (cash support, material assistance, psychosocial support, back-to-school supplies, referral for food assistance and social work follow-up) is being undertaken to validate the status of the more than 17,000 registered children having lost one or both parents or their primary caregivers. In Liberia, for example, 56 per cent, or 1,555, of the 2,781 registered children have received cash assistance. Strong traditions of extended family and kinship care for children have proved effective, with UNICEF estimating that fewer than 3 per cent of the children registered as having lost their parents are outside of family care. In Sierra Leone, of the 1,922 children identified for family tracing and reunification, 96 per cent, or 1,839 children, have been reunited with their families. In Guinea and Liberia, the number of children outside of family care is even smaller. In addition to targeted support to children who have lost their parents and caregivers, community-based child protection programmes are providing psychosocial support to other Ebola-affected children. In Guinea alone, 55,562 such children are receiving this support. The challenge now is to sustain these extended family care arrangements and ensure that the recovery process

includes a strong focus on strengthening national social welfare and child protection systems.

66. In Liberia, through the Ministry of Gender, Children and Social Protection and national non-governmental organizations, UNFPA has funded the provision of dignity kits for women Ebola survivors and other vulnerable populations.

*Education*

67. Following the reopening of 16,000 schools in Guinea and Liberia this year, UNICEF and education partners are now focused on ensuring the safe reopening of 8,000 schools in Sierra Leone in mid-April. As in Guinea and Liberia, teachers are being trained in psychosocial support, infection prevention and control, social mobilization and protocol implementation. Hygiene supplies, infection prevention and control kits and thermometers have been provided to schools to facilitate the training.

68. To support the national back-to-school effort in Liberia, UNICEF has facilitated the establishment of a call centre at the Ministry of Education to collect baseline school reopening data. For example, 3,974 schools have received back-to-school kits containing infection prevention and control supplies procured by UNICEF and delivered through education cluster partners, including UNMIL. Meanwhile, 3,460 schools have had a teacher or administrator trained in the safe school reopening protocols by education cluster partners.

69. In Guinea, where schools reopened in January, Ministry of Education data suggest that 99.9 per cent of the country's 12,246 schools, which includes preschools, primary, secondary and tertiary schools, are now operational, with an 85 per cent enrolment rate. Social mobilizers are promoting the importance of hand washing and the use of no-contact thermometers. The WFP-led logistics cluster supported UNICEF with the distribution of over 2,000 "school-in-a-box" kits in the five préfectures of the Guinea Forestière region.

70. In Guinea, WFP is coordinating with Government authorities, UNICEF and other partners to continue to provide daily school meals in 844 schools and is planning to safely resume school meal programmes in Liberia. In Sierra Leone, WFP is working with UNICEF on the resumption of school meal programmes once schools reopen.

*Economic impact, livelihoods and food security*

71. Employment and livelihood opportunities, especially for the poor and vulnerable, have been negatively affected by the Ebola crisis. There has been a loss of income and income-generating opportunities, particularly for farmers and for traders involved in cross-border trade in the Mano River Union. The suspension of weekly community markets and the lull in construction activities has had significant adverse implications for employment and livelihood opportunities, especially for women, young people and poor rural households.

72. A moderate decline in food production has been observed, with agricultural activities in 2014 having been affected by border closures, restrictions on movement and a breakdown of the traditional labour-sharing system. Owing to disruptions in trade and transportation, post-harvest losses were also reported for perishable commodities. However, according to recent market and food security assessments in

all three countries, no major food shortages were observed in markets and international imports are functioning, although high staple food prices and low wages are hampering food access for the poorest households.

73. To date, WFP has assisted over 2.5 million beneficiaries across the three countries since the launch of its regional emergency operation. More than 60,000 metric tons of food have been transported and dispatched in the countries. WFP continues to support the health response through the provision of hot meals, food rations and cash support to Ebola patients, their caregivers, survivors, quarantined households and hotspot communities, and children orphaned by the outbreak. In 2015, WFP began providing reduced transfers (food or cash) to communities en route to becoming Ebola-free, but where access to food remained a significant challenge, with the purpose of kick-starting local livelihoods and markets.

74. In the light of the impending rainy season, WFP continues to prioritize the prepositioning of food and non-food items to ensure contingency stocks of sufficient supplies so that it is able to maintain the same level of operations over the next few months. WFP is structurally augmenting and reinforcing its established storage capacity, which currently amounts to almost 30,000 square metres in total capacity across the three affected countries.

75. In Liberia, the Food and Agriculture Organization of the United Nations (FAO) provided support to farmers to contribute to Ebola awareness campaigns and agricultural production through a financial agreement, which allowed them to recapitalize their savings and loans schemes.

76. In Guinea, FAO participates in the Ebola response through emergency support to the agricultural sector, funded by the World Bank Group. The project involves the purchase of seeds (vegetable, rice and corn), basic equipment for cultivation and farm animals, cash-for-work activities, social mobilization initiatives and the provision of hygiene kits to 30,000 households. In addition, FAO supports the resilience of Ebola-affected people through funding from the African Solidarity Trust Fund for Food Security. The project consists of acquiring essential agricultural inputs and farm animals and facilitating money transfers to enhance the livelihoods of 3,600 households across several préfectures and districts.

*Preventing outbreaks in non-affected countries*

77. WHO and its partners have undertaken country visits to strengthen preparedness in over 70 countries worldwide and have provided technical assistance support to 14 non-affected priority countries in the African region. The progress made by these priority countries in bolstering their preparedness is updated regularly and shared publicly on the WHO Ebola preparedness dashboard.

78. The Ebola preparedness dashboard illustrates clear progress in implementing minimum and additional requirement tasks set out on the Ebola preparedness checklist. At the end of March, the overall level of implementation in the 14 non-affected priority African countries averaged 32 per cent, compared with 20 per cent in December 2014. The areas of preparedness that have shown the most significant improvement are coordination, public awareness and surveillance, with increases of 18, 16 and 15 per cent, respectively, over the past three months.

79. WHO continued its deployment of preparedness strengthening teams in March, with four follow-up visits to Benin, the Gambia, Mauritania and Togo to provide

technical assistance and training in the coordination of emergency health operations, Ebola case management and infection prevention and control, outbreak logistics, contact tracing and surveillance. In the Eastern Mediterranean region, a rapid response four-day training and simulation exercise was held from 15 to 19 March for countries in the Middle East, North Africa, the Gulf and a few in the Horn of Africa in order to pilot a training package that will be used in the priority countries and also made available to all WHO regional offices.

80. A programme to roll out longer-term support is currently under development, with staff levels being increased in WHO country offices to coordinate preparedness activities. These efforts will be directly linked to strengthening the implementation of the International Health Regulations and to ensuring that the core capacities to manage health emergencies are at the heart of building resilient health-care systems. Towards that end, three Ebola preparedness officers took up their functions in priority countries in March.

81. WHO, in close collaboration with the World Bank Group, is developing a regional disease surveillance and preparedness system network in West Africa, with emphasis on infectious diseases and outbreaks. It is expected that the World Bank Group's spring meeting will further develop this initiative.

**Way forward**

82. The reporting period highlighted both the highs and lows in 2015 of the global response effort to get to zero, as well as a number of key challenges: Liberia progressed from single digit Ebola transmission rates throughout February to no new cases for three consecutive weeks, only to register a new Ebola case on 20 March. During March, Guinea and Sierra Leone recorded both the highest and lowest weekly number of cases for 2015, 150 and 79 cases per week, respectively; the incidence of Ebola infections was unpredictable and dispersed but increasingly confined to a smaller geographical area. While significant progress has been made in getting to zero, these factors indicate that this progress may not be linear and will require continued rigorous implementation of the agreed lines of action.

83. Representing the continued nimble and agile nature of UNMEER, my Special Representative has successfully facilitated the redeployment of UNMEER staff and other resources from Accra and Liberia in order to shift the Mission's footprint in response to epidemiological trends on the ground and substantially increase the footprint in Guinea and Sierra Leone, where predominant response needs remain. My Special Representative has adopted a roving role himself in shuttling between the affected countries as needed, spending the vast majority of his time in Guinea and Sierra Leone during the month of March. I welcome the efforts of my Special Representatives for UNMEER and UNOWA in facilitating the stakeholders' forum in Guinea to mobilize and secure an inclusive commitment to combat Ebola as a national priority. My Special Envoy and WHO continue to provide the strategic and technical direction, respectively, on the need to get to zero to help maintain focus among all responders to redouble their efforts ahead of the rainy season.

84. UNMEER continues to plan and implement activities with a view towards ensuring a seamless transfer of its functions to national authorities and United Nations agencies, funds and programmes. In March, United Nations agencies, funds and programmes, particularly WHO and WFP, adopted measures to scale up and expand their capacity and footprint. I welcome the surge deployments of WHO, which now has over 700 staff in 70 locations across the three affected countries and

Mali, approximately 300 of whom are epidemiologists. Assuming necessary funds can be obtained, WFP is planning to take over some of the operational and logistics functions of UNMEER so that services provided by UNMEER may continue to support response efforts. In March, the Office for the Coordination of Humanitarian Affairs enhanced its presence in all the affected countries and will work with the United Nations country teams under the auspices of the Resident Coordinators to lend operational and coordination support to immediate response efforts. UNMEER has concluded its operation in Mali and remains committed and on track to meeting the established timelines for the closure of its offices in Liberia by 31 May and Sierra Leone and Guinea by 31 July, with its overall liquidation by 31 August.

85. The way forward lies in achieving the two mutually reinforcing priorities of further reducing Ebola transmission ahead of the rainy season and transitioning UNMEER responsibilities and functions to national and United Nations agency, fund and programme partners in a seamless and coordinated manner to leave no gaps behind where the virus can continue to spread. Too much has been invested and too much sacrificed to do anything less than everything possible to bring the epidemic to a definitive end. The immediate priority is to continue to assist the Governments of the affected countries to get to and stay at a resilient zero transmission.

86. The plans of UNMEER to transition its functions to national and United Nations agency, fund and programme partners would be greatly enhanced if sufficient resources were available to enable the scaling up of their capacities. To date, the Ebola response overview of needs and requirements, totalling $1.5 billion, has a funding gap of around $850 million, of which $400 million is urgently required. As a means of financing and overcoming key obstacles to the response, the Ebola Response Multi-Partner Trust Fund has been invaluable and needs to be replenished. The generosity to date in the global Ebola response has been tremendous and this massive mobilization in solidarity with the affected countries has made it possible to avert the worst-case scenarios feared only a few months ago. More is needed, however, to bring the epidemic to a definitive end and support the United Nations agencies, funds and programmes in scaling up to sustain the response effort and commence recovery activities in an integrated manner. I urge all countries in a position to do so to contribute more.

87. I thank President Ellen Johnson Sirleaf of Liberia, President Alpha Condé of Guinea and President Ernest Bai Koroma of Sierra Leone for the national leadership that they have provided to the global Ebola response effort. In particular, I welcome recent national efforts, including President Condé's address to his nation on 28 March and President Koroma's "stay at home" initiative, to guard against any popular inclination towards complacency by remaining focused on bringing the outbreak under control ahead of the rainy season. Earlier in the month, in the context of the European Union's high-level conference, President Johnson Sirleaf called upon the international community to stay the course until all three affected countries have reached a resilient zero. I echo her sentiments. This assembly of nations has acted in a true spirit of solidarity with the affected countries throughout this unprecedented crisis, demonstrating the strength that we bring to bear as a global community when there is unity of purpose and collective will. Let us continue to stand with the affected countries and bring this crisis to a lasting end.

88. I would be grateful if you could bring the present letter to the attention of the members of the General Assembly.